BANG CHAN

Introduction

121 This investigation was undertaken in connection with the Cornell Thailand Project, one of several studies under the auspices of the Department of Sociology and Anthropology which are focused on the process of cultural change. Bang Chan, the community chosen for intensive investigation, has been described previously (Sharp et al., 1953). The studies to be reported [101] herein were designed to contribute to a baseline description of the community culture and were carried out during the first and second years of a 5-year project, i.e. from September 1952-May 1954.

114 For the clinical examination of the school children and families, the research group consisted of Dr. Anusith Rajatasilpin, Miss Sapha Indrasud, Bua Srisuay, a local villager who assisted in many practical ways, and the author, who assumed major responsibility for planning and directing the work. Dr. Chumlong Kittiveja, of the Dental School, University of Medical Sciences, Bangkok, examined the teeth of the school children. Some data on sanitary practices were collected by Miss Saovanee Sudsaneh, in connection with the dietary survey.

121 The main investigations undertaken fall into two categories: 1) studies of nutritional status and 2) dietary studies, both qualitative and quantitative. In connection with both types of studies, information was collected concerning certain aspects of health and of sanitation in the village. Additional data concerning health practices, illness and death in Bang Chan were recorded by members of the Cornell research group in their field notes. This present report is concerned primarily with presenting findings from all of these sources regarding aspects of the health, sanitation and nutritional status in this rural Thai community.

Methods

Clinical Examination

125 Schedule. - In general, the clinical examination was directed toward discovery of signs and symptoms which might either be indicative of nutritional deficiency or of some disturbance which might be associated with or lead to nutritional deficiency. Certain items, such as cristal height, bicristal diameter, and age at menarche were included because information concerning them would contribute to our knowledge of norms for Thai people, and the clinical examination presented a good opportunity for obtaining such information.